

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/520739

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3	/	/					53						
4	/	/					54						
5	/	/	/				55						
6	/	/	/	/			56						
7	/	/	/	/	/		57						
8	/	/	/	/	/		58						
9	/	/	/	/	/		59						
10	/	/	/	/	/		60						
11	/	/	/	/	/		61						
12	/	/	/	/	/		62						
13	/	/	/	/	/		63						
14	/	/	/	/	/		64						
15	/	/	/	/	/		65						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	3	←	7	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	4		10				TOTAL CLAIMS						